



*Hampton Division of Fire and Rescue
&
Newport News Fire Department*



CANDIDATE BACKGROUND INFORMATION PACKET

***** This packet along with the required documents listed on the next page MUST be submitted on the day of your scheduled entrance test day. *****

PLEASE READ: This questionnaire must be typewritten or legibly written in BLACK or BLUE INK. **All questions must be answered. If not applicable, indicate with "N/A" (not applicable).** Only complete and legible applications will be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, please attach additional sheets of the same size as this questionnaire, and refer to the specific question(s) being answered.

Any willful omission or misrepresentation of facts on this questionnaire may be grounds for rejection of your application or for dismissal from City employment.

CANDIDATE QUALIFICATIONS

General Requirements:

- **Must** be at least 18 years of age.
- **Must** be a high school graduate or equivalent.
- **Must** be a U.S. citizen or legally eligible to be employed.
- **Must** agree to sign a No Tobacco Use agreement, which prevents an individual from using any tobacco products at any time, on or off the job, while employed by the City.

Driving Requirements:

- **Must** have a point balance of minus five (-5) or better (or equivalent, if a non-Virginia resident) on their Department of Motor Vehicles (DMV) record in order to apply, however, if a panel interview is extended, candidate must have a point balance of minus three (-3) or better.
- **Must Not** have been convicted of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program, hit and run, reckless driving or operating on a suspended or revoked license with the past three (3) years.
- **Must Not** have been convicted of more than one (1) drunk driving or driving under the influence in their lifetime.
- **Must Not** have two (2) or more chargeable accidents during the prior two (2) years.
- **Must Not** have an accumulation of eight (8) or more points attributed to speeding during the previous two (2) years.
- **Must Not** have been convicted two (2) or more convictions of reckless driving during the previous seven (7) years.
- **Must Not** have been convicted of driving while license is suspended / revoked during the previous three (3) years.

- **Must Not** be considered uninsurable (i.e., if the Virginia Division of Motor Vehicles driving record report indicates that the applicant is an uninsured motorist).

Drug Usage Requirement:

- **Must Not** have possessed marijuana within two (2) years of application for this position.
- **Must Not** be a current illegal drug user OR have ever illegally possessed in the past three (3) years any drug or controlled substance which would constitute a felony, to include illegal use of prescription medication.
- **Must Not** have been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation (5) five years after the date of final release if no additional crimes of this type have been committed during that time which is located on the following website:
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910>.

Convictions:

- **Must Not** possess any conviction under the Office of Emergency Medical Services disqualifiers at the following website:
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910>.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH PACKET

*All of the below documents **MUST** be submitted on the day of your scheduled entrance test day. Please provide **COPIES** only of the below documents. Do **NOT** submit the originals.*

You are required to obtain and attach the following documents to your packet prior to submission:

1. Copy of **High School Diploma** or **GED**. (A college/university diploma or official transcript indicating a degree was conferred may be substituted for high school/GED diploma.)
2. **Current Transcript** of your driving history record from the Division of Motor Vehicles in the state that currently holds your operator's license(s). (The Virginia transcript should cost \$8.) DMV record needs to be no older than 30 days from the last day of the application period. When submitting the DMV record, the record must note "end of transmission." If a request is made on-line, the record may not identify "end of transmission."
3. Copies of any **Current EMS-related certifications** you possess, including but not limited to EMT-Intermediate, EMT-Paramedic, EMT, ACLS, BTLs, CPR, etc. Copies of **Current fire-related certificates** for any schools, courses, and academies attended and completed.
4. If applicable, those with Military Service must include a copy of your DD-214 Service Record.

PERSONAL INFORMATION

Position Desired: **Firefighter – Medic Recruit**

Date: _____

Full Legal Name: _____
(Last) (First) (Middle)

Other Names Used (maiden name, nicknames, aliases, former names changed legally or otherwise):

Present Address: _____

City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Operator's License #: _____ State: _____ Expiration Date: _____

Date of Birth: _____ Email Address: _____

Starting with your present address, work backwards, and list your addresses for the past 10 years. If you have served in the Armed Forces, list duty stations:

<u>From / To</u>	<u>Address</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

Have you ever been or are you currently a member of the U.S. or Foreign Armed Forces? _____
Yes/No

Branch of service: _____ Service #: _____

Date of entry: _____ Date of discharge: _____

Rank upon entry: _____ Rank upon discharge: _____

Military awards and citations received: _____

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? _____

If "Yes," please give details to include dates, command, location, nature of charge, and disposition.

EMPLOYMENT

Start with your **present employer** and work backwards for the **past 10 years**. Include ALL employers, volunteer work and periods of unemployment. (Add additional pages if necessary.)

From / To Name of Employer Area Code + Phone #

Complete Address + Zip

Supervisor Position Held Salary

Reason for Leaving: _____

May we contact? _____ Supervisor's Email: _____

From / To Name of Employer Area Code + Phone #

Complete Address + Zip

Supervisor Position Held Salary

Reason for Leaving: _____

May we contact? _____ Supervisor's Email: _____

From / To	Name of Employer	Area Code + Phone #
Complete Address + Zip		
Supervisor	Position Held	Salary
Reason for Leaving:		
May we contact?	Supervisor's Email:	

From / To	Name of Employer	Area Code + Phone #
Complete Address + Zip		
Supervisor	Position Held	Salary
Reason for Leaving:		
May we contact?	Supervisor's Email:	

From / To	Name of Employer	Area Code + Phone #
Complete Address + Zip		
Supervisor	Position Held	Salary
Reason for Leaving:		
May we contact?	Supervisor's Email:	

Were you EVER the subject of ANY internal affairs investigation(s) **to include non-military service?**

If "Yes," please give details to include dates, location, and circumstances.

LEGAL HISTORY

Note: Disclosure of a past criminal history is not an automatic disqualifier, however, the City will examine the nature of the crime, the time elapsed, and the nature of the position to determine the applicant's suitability for employment.

Have you ever been convicted in any court of law of **ANY** criminal charge, felony, or misdemeanor or convicted of **ANY** offense in a military tribunal? _____

Have you ever been convicted for **ANY** violation of traffic laws? _____

If "Yes," please give details to include dates, location, charge, final dispositions and any additional information about the conviction(s).

Have you ever been refused a driver's license by any state? _____

If "Yes," please give details to include when, where, and why.

Are you a current illegal drug user to include the illegal use of prescription medication? _____

Have you ever sold any type of illegal drug or controlled substance to include the illegal use of prescription medication? _____

EDUCATION

List all high schools, colleges, universities, professional, and/or trade schools attended. If you graduated, list the degree or diploma earned.

<u>From / To</u>	<u>Name of School</u>	<u>Location (City/State)</u>	<u>Course Pursued</u>	<u>Graduate Y/N or Degree rec'd</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List **ANY** special training certificates or special licenses or permits you hold.

List any professional associations to which you belong or have belonged:

Have you previously worked in the Fire Service? _____

If “Yes”, describe the circumstances:

<u>From /To</u>	<u>Agency</u>	<u>Location (City / State)</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS INFORMATION

Provide as personal or professional references, the names, addresses, and phone numbers of at least 3 persons not related to you who have knowledge of you and your qualifications.

Type of Reference: ___Personal ___Professional

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Email: _____

How Long Known _____ Relationship _____

(friend, family friend, classmate, supervisor, co-worker, etc.)

Type of Reference: ___Personal ___Professional

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Email: _____

How Long Known _____ Relationship _____

(friend, family friend, classmate, supervisor, co-worker, etc.)

Type of Reference: ___Personal ___Professional

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Email: _____

How Long Known _____ Relationship _____

(friend, family friend, classmate, supervisor, co-worker, etc.)

ACKNOWLEDGMENT

Before signing this form, be sure that all of the information you have disclosed to the Hampton Division of Fire and Rescue and the Newport News Fire Department represents the entire truth as it relates to the questions asked. Any misrepresentation given by you will be immediate grounds for disqualification from the recruitment process or termination from employment if you are offered a position. I understand that all of the information disclosed will be shared with both the Cities of Hampton and/or Newport News.

I certify that the information given is true and accurate to the best of my knowledge.

Signature of Applicant

Date